

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

| | |
|-------------------------------|---|
| Application Number | 10/786,984 |
| Filing Date | February 25, 2004 |
| First Named Inventor | Andrew Longacre, Jr. |
| Title | Autodiscriminating Bar Code Reading Apparatus Having Solid-State Image Sensor |
| Group Art Unit | 2876 |
| Examiner Name | Not Yet Assigned |
| Attorney Docket Number | 703-006.50.27 |

I hereby appoint:

☒ Practitioners associate with the Customer Number
OR

20874

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:**OR**☐ The address associated with Customer Number:

20874

| | | | | | |
|---|-----------------------------|-------|--------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Wall Marjama & Bilinski LLP | | | | |
| Address | 101 South Salina Street | | | | |
| Address | Suite 400 | | | | |
| City | Syracuse | State | New York | ZIP | 13202 |
| Country | United States | | | | |
| Telephone | 315-425-9000 | Fax | 315-425-9114 | | |

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

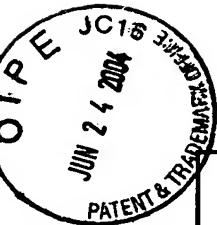
| | |
|-----------|----------------------|
| Name | Andrew Longacre, Jr. |
| Signature | |
| Date | 6/8/04 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 5 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

| | |
|-------------------------------|---|
| Application Number | 10/786,984 |
| Filing Date | February 25, 2004 |
| First Named Inventor | Andrew Longacre, Jr. |
| Title | Autodiscriminating Bar Code Reading Apparatus Having Solid-State Image Sensor |
| Group Art Unit | 2876 |
| Examiner Name | Not Yet Assigned |
| Attorney Docket Number | 703-006.50.27 |

I hereby appoint:

☒ Practitioners associate with the Customer Number
OR

20874

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:**OR**☐ The address associated with Customer Number:

20874

☒ Firm or
Individual Name

Wall Marjama & Bilinski LLP

Address

101 South Salina Street

Address

Suite 400

City

Syracuse

State

New York

ZIP

13202

Country

United States

Telephone

315-425-9000

Fax

315-425-9114

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Michael A. Ehrhart

Signature

Date

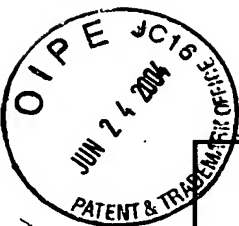
6/8/04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 5 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



| | | |
|---|-------------------------------|---|
| POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM | Application Number | 10/786,984 |
| | Filing Date | February 25, 2004 |
| | First Named Inventor | Andrew Longacre, Jr. |
| | Title | Autodiscriminating Bar Code Reading Apparatus Having Solid-State Image Sensor |
| | Group Art Unit | 2876 |
| | Examiner Name | Not Yet Assigned |
| | Attorney Docket Number | 703-006.50.27 |

I hereby appoint:

☒ Practitioners associate with the Customer Number 20874
OR
☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:
OR
☐ The address associated with Customer Number: 20874

| | | | | | |
|---|-----------------------------|-------|--------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Wall Marjama & Bilinski LLP | | | | |
| Address | 101 South Salina Street | | | | |
| Address | Suite 400 | | | | |
| City | Syracuse | State | New York | ZIP | 13202 |
| Country | United States | | | | |
| Telephone | 315-425-9000 | Fax | 315-425-9114 | | |

I am the:

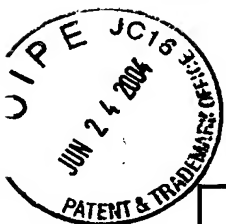
☒ Applicant/Inventor.
☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

| | |
|---|------------------|
| SIGNATURE of Applicant or Assignee of Record | |
| Name | Thomas J. Koziol |
| Signature | |
| Date | 6-7-04 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below".

☒ *Total of 5 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

| | |
|-------------------------------|---|
| Application Number | 10/786,984 |
| Filing Date | February 25, 2004 |
| First Named Inventor | Andrew Longacre, Jr. |
| Title | Autodiscriminating Bar Code Reading Apparatus Having Solid-State Image Sensor |
| Group Art Unit | 2876 |
| Examiner Name | Not Yet Assigned |
| Attorney Docket Number | 703-006.50.27 |

I hereby appoint:

☒ Practitioners associate with the Customer Number
OR

20874

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:**OR**☐ The address associated with Customer Number:

20874

☒ Firm or
Individual Name

Wall Marjama & Bilinski LLP

Address

101 South Salina Street

Address

Suite 400

City

Syracuse

State

New York

ZIP

13202

Country

United States

Telephone

315-425-9000

Fax

315-425-9114

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Robert M. Hussey

Signature

Robert M. Hussey

Date

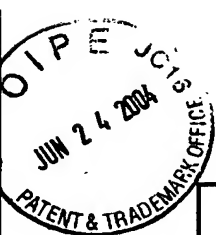
6/8/04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 5 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

| | |
|-------------------------------|---|
| Application Number | 10/786,984 |
| Filing Date | February 25, 2004 |
| First Named Inventor | Andrew Longacre, Jr. |
| Title | Autodiscriminating Bar Code Reading Apparatus Having Solid-State Image Sensor |
| Group Art Unit | 2876 |
| Examiner Name | Not Yet Assigned |
| Attorney Docket Number | 703-006.50.27 |

I hereby appoint:

☒ Practitioners associate with the Customer Number
OR

20874

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

20874

☒ Firm or
Individual Name

Wall Marjama & Bilinski LLP

Address

101 South Salina Street

Address

Suite 400

City

Syracuse

State

New York

ZIP

13202

Country

United States

Telephone

315-425-9000

Fax

315-425-9114

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

James A. Parker

Signature

Date

6-11-04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 5 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.